

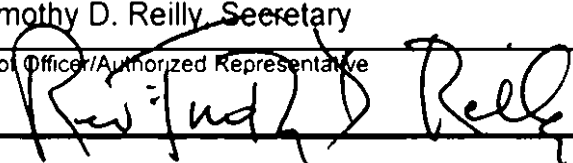


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 APR 28 A 11:50

1 Entity ID Number 86512	2 Exact name of the Corporation Project Hope/Projecto Esperanza, Inc.		
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Religious, charitable and educational activities.		
4. NAICS Code 813110 - Religious Organizations			
6. Principal Office Address One Cathedral Square		City Providence	State RI
		Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
President Name Most Reverend Thomas J. Tobin		Vice-President Name Rev. Msgr. Albert A. Kenney	
Street Address One Cathedral Square		Street Address One Cathedral Square	
City Providence	State RI	Zip 02903	City Providence
			State RI
			Zip 02903
Secretary Name Rev. Timothy D. Reilly		Treasurer Name Most Reverend Thomas J. Tobin	
Street Address One Cathedral Square		Street Address One Cathedral Square	
City Providence	State RI	Zip 02903	City Providence
			State RI
			Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Most Reverend Thomas J. Tobin		Director Name Rev. Msgr. Albert A. Kenney	
Street Address One Cathedral Square		Street Address One Cathedral Square	
City Providence	State RI	Zip 02903	City Providence
			State RI
			Zip 02903
Director Name Rev. Timothy D. Reilly		Director Name James Jahnz	
Street Address One Cathedral Square		Street Address One Cathedral Square	
City Providence	State RI	Zip 02903	City Providence
			State RI
			Zip 02903
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Rev. Timothy D. Reilly, Secretary			Date 4/28/23
Signature of Officer/Authorized Representative 			

FILED

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

APR 28 2023
BY ML 73869

Project Hope/Projecto Esperanza, Inc.

86512

ADDITIONAL OFFICER:

Assistant Treasurer

James Jahnz
One Cathedral Square
Providence, RI 02903